
Oral Health in America: A Report of the Surgeon General

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National Institute of Dental
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Message from Donna E. Shalala

Secretary of Health and Human Services

The intent of this first-ever Surgeon General's Report on Oral Health is to alert Americans to the full meaning of oral health and its importance to general health and well-being. Great progress has been made in reducing the extent and severity of common oral diseases. Successful prevention measures adopted by communities, individuals, and oral health professionals have resulted in marked improvements in the nation's oral and dental health.

The terms oral health and general health should not be interpreted as separate entities. Oral health is integral to general health; this report provides important reminders that oral health means more than healthy teeth and that you cannot be healthy without oral health. Further, the report outlines existing safe and effective disease prevention measures that everyone can adopt to improve oral health and prevent disease.

However, not everyone is experiencing the same degree of improvement. This Surgeon General's report addresses the inequities and disparities that affect those least able to muster the resources to achieve optimal oral health. For whatever the reason, ignoring oral health problems can lead to needless pain and suffering, causing devastating complications to an individual's well-being, with financial and social costs that significantly diminish quality of life and burden American society.

For a third decade, the nation has developed a plan for the prevention of disease and the promotion of health, including oral health, embodied in the U.S. Department of Health and Human Services document, Healthy People 2010. This Surgeon General's Report on Oral Health emphasizes the importance of achieving the Healthy People goals to increase quality of life and eliminate disparities. As a nation, we hope to address the determinants of health—individual and environmental factors—in order to improve access to quality care, and to support policies and programs that make a difference for our health. We hope to prevent oral diseases and disorders, cancer, birth defects, AIDS and other devastating infections, mental illness and suicide, and the chronic diseases of aging.

We trust that this Surgeon General's report will ensure that health promotion and disease prevention programs are enhanced for all Americans. This report proposes solutions that entail partnerships—government agencies and officials, private industry, foundations, consumer groups, health professionals, educators, and researchers—to coordinate and facilitate actions based on a National Oral Health Plan. Together, we can effect the changes we need to maintain and improve oral health for *all* Americans.

Foreword

The growth of biomedical research since World War II has wrought extraordinary advances in the health and well-being of the American people. The story is particularly remarkable in the case of oral health, where we have gone from a nation plagued by the pains of toothache and tooth loss to a nation where most people can smile about their oral health. The impetus for change—to take on the challenge of addressing oral diseases as well as the many other health problems that shorten lives and diminish well-being—led to the postwar growth of the National Institutes of Health. In 1948 the National Institute of Dental Research—now the National Institute of Dental and Craniofacial Research—joined the National Cancer Institute and the National Heart, Lung, and Blood Institute as the third of the National Institutes of Health.

The Institute's research initially focused on dental caries and studies demonstrating the effectiveness of fluoride in preventing dental caries, research that ushered in a new era of health promotion and disease prevention. The discovery of fluoride was soon complemented by research that showed that both dental caries and periodontal diseases were bacterial infections that could be prevented by a combination of individual, community, and professional actions. These and other applications of research discoveries have resulted in continuing improvements in the oral, dental, and craniofacial health of Americans. Today, armed with the high-powered tools, automated equipment, and imaging techniques of genetics and molecular and cell biology, scientists have set their sights on resolving the full array of craniofacial diseases and disorders, from common birth defects such as cleft lip and palate to the debilitating, chronic oral-facial pain conditions and oral cancers that occur later in life.

The National Institute of Dental and Craniofacial Research has served as the lead agency for the development of this Surgeon General's Report on Oral Health. As part of the National Institutes of Health, the Institute has had ready access to ongoing federal research and the good fortune to work collaboratively with many other agencies and individuals, both within and outside government. The establishment of a Federal Coordinating Committee provided a formal mechanism for the exchange of ideas and information from other departments, including the U.S. Department of Agriculture, Department of Education, Department of Justice, Department of Defense, Department of Veterans Affairs, and Department of Energy. Active participation in the preparation and review of the report came from hundreds of individuals who graciously gave of their expertise and time. It has been a pleasure to have had this opportunity to prepare the report, and we thank Surgeon General David Satcher for inviting us to participate.

Despite the advances in oral health that have been made over the last half century, there is still much work to be done. This past year we have seen the release of Healthy People 2010, which emphasizes the broad aims of improving quality of life and eliminating health disparities. The recently released U.S. General Accounting Office report on the oral health of low-income populations further highlights the oral health problems of disadvantaged populations and the effects on their well-being that result from lack of access to care. Agencies and voluntary and professional organizations have already begun to lay the groundwork for research and service programs that directly and comprehensively address health disparities. The National Institutes of Health has joined these efforts and is completing an agencywide action plan for research to reduce health disparities. Getting a healthy start in life is critical in these efforts, and toward that end, a Surgeon

General's Conference on Children and Oral Health, *The Face of a Child*, is scheduled for June 2000. Many other departmental and agency activities are under way.

The report concludes with a framework for action to enable further progress in oral health. It emphasizes the importance of building partnerships to facilitate collaborations to enhance education, service, and research and eliminate barriers to care. By working together, we can truly make a difference in our nation's health—a difference that will benefit the health and well-being of all our citizens.

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Preface

from the Surgeon General
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As we begin the twenty-first century, we can be proud of the strides we have made in improving the oral health of the American people. At the turn of the last century, most Americans could expect to lose their teeth by middle age. That situation began to change with the discovery of the properties of fluoride, and the observation that people who lived in communities with naturally fluoridated drinking water had far less dental caries (tooth decay) than people in comparable communities without fluoride in their water supply. Community water fluoridation remains one of the great achievements of public health in the twentieth century—an inexpensive means of improving oral health that benefits all residents of a community, young and old, rich and poor alike. We are fortunate that additional disease prevention and health promotion measures exist for dental caries and for many other oral diseases and disorders—measures that can be used by individuals, health care providers, and communities.

Yet as we take stock of how far we have come in enhancing oral health, this report makes it abundantly clear that there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a “silent epidemic” of dental and oral diseases is affecting some population groups. This burden of disease restricts activities in school, work, and home, and often significantly diminishes the quality of life. Those who suffer the worst oral health are found among the poor of all ages, with poor children and poor older Americans particularly vulnerable. Members of racial and ethnic minority groups also experience a disproportionate level of oral health problems. Individuals who are medically compromised or who have disabilities are at greater risk for oral diseases, and, in turn, oral diseases further jeopardize their health.

The reasons for disparities in oral health are complex. In many instances, socioeconomic factors are the explanation. In other cases, disparities are exacerbated by the lack of community programs such as fluoridated water supplies. People may lack transportation to a clinic and flexibility in getting time off from work to attend to health needs. Physical disability or other illness may also limit access to services. Lack of resources to pay for care, either out-of-pocket or through private or public dental insurance, is clearly another barrier. Fewer people have dental insurance than have medical insurance, and it is often lost when individuals retire. Public dental insurance programs are often inadequate. Another major barrier to seeking and obtaining professional oral health care relates to a lack of public understanding and awareness of the importance of oral health.

We know that the mouth reflects general health and well-being. This report reiterates that general health risk factors common to many diseases, such as tobacco use and poor dietary practices, also affect oral and craniofacial health. The evidence for an association between tobacco use and oral diseases has been clearly delineated in every Surgeon General's report on tobacco since 1964, and the oral effects of nutrition and diet are presented in the Surgeon General's report on nutrition (1988). Recently, research findings have pointed to possible associations between chronic oral infections and diabetes, heart and lung diseases, stroke, and low-birth-weight, premature births. This report assesses these emerging associations and explores factors that may underlie these oral-systemic disease connections.

To improve quality of life and eliminate health disparities demands the understanding, compassion, and will of the American people. There are opportunities for all health professions, individuals, and communities to work together to improve health. But more needs to be done if we are to make further improvements in America's oral health. We hope that this Surgeon General's report

will inform the American people about the opportunities to improve oral health and provide a platform from which the science base for craniofacial research can be expanded. The report should also serve to strengthen the translation of proven health promotion and disease prevention approaches into policy development, health care practice, and personal lifestyle behaviors. A framework for action that integrates oral health into overall health is critical if we are to see further gains.

David Satcher MD, PhD
Surgeon General

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